

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3199

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>City Hospital</u> <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saint Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 Hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>9 TOWN South Kinloch</u>		<u>4091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>144 Jackson St</u>			
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>		a. (First)		b. (Middle)		c. (Last) <u>HUNTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 7, 1909</u>		9. AGE (In years last birthday) <u>41</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>14</u>		11. UNDER 1 MIN. Hours <u>1</u> Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Baden Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward Hunter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Huby Hunter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-05-3036</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Huby Hunter</u> ADDRESS <u>144 Jackson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>? Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>51</u> , to <u>1-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>51</u> , and that death occurred at <u>12:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Smith, Jr., M.D.</u>		(Degree or title)		23b. ADDRESS <u>601 S. Brentwood - Clayton, Mo.</u>		23c. DATE SIGNED <u>1-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros Funeral Home S. Kinloch</u>			

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Edward G. Tipton

Signed.....

Student Embalmer

Licensed Embalmer No. *4644*

P. O. Address *1152 E. 7th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Pro